

Appendix 4
Wisconsin Medicaid Allowable HCPCS Procedure Codes and Copayments*
for Physical Therapy Services
(For dates of service on and after September 1, 1995)

Deleted Codes	Procedure Codes	Description	Copayment	Daily Treatment Unit Limit	Procedure Codes Allowed by PTAs
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Other Procedures

97100 97200	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) (15 minutes)	\$1.00	1 per day	Not Allowed
97100 97200	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) (15 minutes)	\$2.00	1 per day	Not Allowed
97100 97200	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (30 minutes)	\$1.00	1 per day	Allowed
97100 97200	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent (30 minutes)	\$1.00	1 per day	Allowed
97100 97200	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation (15 minutes)	\$1.00	1 per day	Not Allowed
97100 97200	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent (15 minutes)	\$1.00	1 per day	Not Allowed
97100 97200	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants (15 minutes)	\$1.00	1 per day	Not Allowed

Modalities

97000 97200	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97012	Application of a modality to one or more areas; traction, mechanical (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97014	Application of a modality to one or more areas; electrical stimulation (unattended) (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97016	Application of a modality to one or more areas; vasoneumatic devices (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1.00	1 per day	Allowed

* Therapy services provided at a licensed outpatient hospital facility are billed and prior authorized under other Medicaid procedure codes. Refer to the Medicaid hospital provider handbook (Part F) for more information.

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Modalities

97000 97200	97020	Application of a modality to one or more areas; microwave (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97022	Application of a modality to one or more areas; whirlpool (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97024	Application of a modality to one or more areas; diathermy (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97026	Application of a modality to one or more areas; infrared (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97028	Application of a modality to one or more areas; ultraviolet (15 minutes)	\$1.00	1 per day	Allowed
97000 97200	97032	Application of a modality to one or more areas; electrical stimulation (manual) (15 minutes)	\$1.00	Not Applicable	Allowed
97000 97200	97033	Application of a modality to one or more areas; iontophoresis (15 minutes)	\$1.00	Not Applicable	Allowed
97000 97200	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	.50¢	Not Applicable	Allowed
97000 97200	97035	Application of a modality to one or more areas; ultrasound (15 minutes)	\$1.00	Not Applicable	Allowed
97000 97200	97036	Application of a modality to one or more areas; Hubbard tank (15 minutes)	\$1.00	Not Applicable	Allowed
97000 97200	97039	Unlisted modality (specify type and time if constant attendance) (15 minutes)	\$1.00	1 per day	Allowed
97100 97200	90900	Biofeedback training; by electromyogram application (e.g., in tension headaches, muscle spasms) (30 minutes)	\$3.00	1 per day	Allowed

Therapeutic Procedures

97100 97200	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1.00	Not Applicable	Allowed
97100 97200	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, proprioception	\$1.00	Not Applicable	Allowed

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Therapeutic Procedures

97100 97200	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1.00	Not Applicable	Allowed
97100 97200	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training	\$1.00	Not Applicable	Allowed
97100 97200	97122	Therapeutic procedure, one or more areas, each 15 minutes; traction, manual	\$1.00	Not Applicable	Allowed
97100 97200	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion)	\$1.00	Not Applicable	Allowed
97100 97200	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1.00	Not Applicable	Allowed
97100 97200	97250	Myofascial/soft tissue mobilization, one or more regions (30 minutes)	\$2.00	1 per day	Not Allowed
97100 97200	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2.00	1 per day	Not Allowed
97100 97200	97520	Prosthetic training; initial 30 minutes, each visit	\$1.00	1 per day	Allowed
97100 97200	97521	Prosthetic training; each additional 15 minutes	\$1.00	Not Applicable	Allowed
97100 97200	97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes	\$1.00	Not Applicable	Allowed
97100 97200	97540	Training in activities of daily living (self care skills and/or daily life management skills); initial 30 minutes, each visit	\$2.00	1 per day	Allowed
97100 97200	97541	Training in activities of daily living (self care skills and/or daily life management skills); each additional 15 minutes	\$1.00	Not Applicable	Allowed

Comprehensive Evaluation

97700	Q0103	Physical therapy evaluation; initial (90 minutes)	\$2.00	1 per day	Not Allowed
97700	Q0104	Physical therapy re-evaluation; periodic (30 minutes)	\$1.00	1 per day	Not Allowed

Physical Therapy Procedure Codes			
<i>For dates of service before September 1, 1995</i>			
Procedure Code	Modifier	Description	Copayment
97000	n/a	Physical Therapy Treatment, single modality (30 minutes)	\$1.00
97100	n/a	Physical Therapy Treatment, single procedure (30 minutes)	\$1.00
97200	n/a	Physical Therapy Treatment, two or more or a combination of modalities, procedures, evaluations (30 minutes)	\$1.00
97700	n/a	Evaluation (30 minutes)	\$1.00
*W9542	n/a	Federally Required Annual Physical Therapy Evaluation	n/a
* <i>Note:</i> When billing procedure code W9542, use diagnoses 317-319.			